

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7396

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: <b>16</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>(MR)</b> FIRST <b>Raul</b> MI <b>R.</b> NICKNAME LAST SUFFIX	<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered <b>2010 JUL 15 AM 8:49</b> Date Postmarked Receipt # Amount Date Processed Date Imaged <b>TRAVIS COUNTY CLERK</b> <b>TRAVIS COUNTY TEXAS</b> <b>FILED FOR RECORD</b>	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 899-3876</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>(MR)</b> FIRST <b>Blanca</b> MI NICKNAME LAST SUFFIX <b>Garcia</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1715 S. 1st St., Austin, TX 78704</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 916-0464</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>2 / 22 / 10    7 / 9 / 10</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <b>3 / 2 / 10</b>		
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>Travis County Commissioner Pet. y</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 695.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4750.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 944.25

4. TOTAL POLITICAL EXPENDITURES

\$ 16,286.67

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5700.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Raul Alvarez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Raul Alvarez, this the thirteenth day of July, 20 10, to certify which, witness my hand and seal of office.

*Cynthia H Flint*  
Signature of officer administering oath

Cynthia H Flint  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1 of 4**

2 FILER NAME **Raul Alvarez**

3 ACCOUNT # (Ethics Commission files)

4 Date  
**3/1/10**

5 Full name of contributor ☐ out-of-state PAC (ID#)

**Perry Lore**

7 Amount of contribution (\$)  
**\$1000**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**1311 E. 6th St. Austin, TX 78702**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**3/1/10**

Full name of contributor ☐ out-of-state PAC (ID#)

**Fidel Estrada**

Amount of contribution (\$)  
**\$100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**2618 E. 7th St. Austin, TX 78702**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/1/10**

Full name of contributor ☐ out-of-state PAC (ID#)

**Jose Peña**

Amount of contribution (\$)  
**\$100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**415 E Enchanted Oak Dr, Driftwood 78619**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/1/10**

Full name of contributor ☐ out-of-state PAC (ID#)

**Beverly Griffith**

Amount of contribution (\$)  
**\$200**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**3711 Taylors Dr. Austin, TX 78703**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/8/10**

Full name of contributor ☐ out-of-state PAC (ID#)

**DRIVE Committee**

Amount of contribution (\$)  
**\$1500**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**25 Louisiana Ave. NW Washington D.C. 20091**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2 of 4**

2 FILER NAME **Raul Alvarez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3/2/10**

5 Full name of contributor ☐ out-of-state PAC (ID#)

**Blanca Garcia**

6 Contributor address; City; State; Zip Code  
**1715 S. 1<sup>st</sup> St, Austin, TX 78704**

7 Amount of contribution (\$)

**\$100**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**3/2/10**

**Frank & Rita Michalak**

Contributor address; City; State; Zip Code  
**135 W. Oak Loop  
Cedar Creek, TX 78612**

**\$500**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**3/2/10**

**Ben Heimsath**

Contributor address; City; State; Zip Code  
**2104 Greenwood Ave.  
Austin, TX 78723**

**\$75**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**3/2/10**

**Deborah Clarke Trejo**

Contributor address; City; State; Zip Code  
**1717 Briar St. Austin, TX  
78704**

**\$100**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**3/2/10**

**Sean Kelly**

Contributor address; City; State; Zip Code  
**910 Post Oak St  
Austin, TX 78704**

**\$100**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3 of 4**

2 FILER NAME **Raul Alvarez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **3/2/10**  
5 Full name of contributor ☐ out-of-state PAC (ID#)  
**Teresa Rabago**  
6 Contributor address; City; State; Zip Code  
**612 W. Johanna St.  
Austin, TX 78704**

7 Amount of contribution (\$) **\$75**  
8 In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **3/2/10**  
Full name of contributor ☐ out-of-state PAC (ID#)  
**Tomas Smith**  
Contributor address; City; State; Zip Code  
**1801 Westlake Dr.  
Austin, TX 78746**

Amount of contribution (\$) **\$100**  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/2/10**  
Full name of contributor ☐ out-of-state PAC (ID#)  
**Richard Kallerman**  
Contributor address; City; State; Zip Code  
**2510 Cedarview Dr.  
Austin, TX 78704**

Amount of contribution (\$) **\$100**  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/24/10**  
Full name of contributor ☐ out-of-state PAC (ID#)  
**Ann Del Llano**  
Contributor address; City; State; Zip Code  
**907 E. 13th St.  
Austin, TX 78702**

Amount of contribution (\$) **\$100**  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/1/10**  
Full name of contributor ☐ out-of-state PAC (ID#)  
**Nadia Barrera**  
Contributor address; City; State; Zip Code  
**1105 Mahan Dr, Austin, TX 78721**

Amount of contribution (\$) **\$100**  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4 of 4**

2 FILER NAME **Raul Alvarez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **3/1/10**  
5 Full name of contributor ☐ out-of-state PAC (ID#:  
**Christopher Lehman**  
6 Contributor address; City; State; Zip Code  
**1914 Larchmont Dr.  
Austin, TX 78704**

7 Amount of contribution (\$) **\$500**  
8 In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
Full name of contributor ☐ out-of-state PAC (ID#:  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
Full name of contributor ☐ out-of-state PAC (ID#:  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
Full name of contributor ☐ out-of-state PAC (ID#:  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
Full name of contributor ☐ out-of-state PAC (ID#:  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME **Raul Alvarez**

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:  $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$

\$

5 Date of loan  
**2/24/10**

7 Name of lender ☐ out-of-state PAC (ID#:  
**Raul Alvarez**

9 Loan Amount (\$)  
**\$2700**

6 Is lender a financial institution?  
Y ☒ N ☐

8 Lender address; City; State; Zip Code  
**2601 Zaragoza St.  
Austin, TX 78702**

10 Interest rate **0**  
11 Maturity date **N/A**

12 Principal occupation / Job title (See Instructions)  
**Administrative Supervisor**

13 Employer (See Instructions)  
**Austin ISD**

14 Description of Collateral  
☒ none

15 GUARANTOR INFORMATION  
☐ not applicable

16 Name of guarantor  
17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan

Name of lender ☐ out-of-state PAC (ID#:

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
☐ none

GUARANTOR INFORMATION  
☐ not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *1 of 9*

2 FILER NAME

*Paul Alvarez*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*2/22/10*

5 Payee name

*J. Mancillas*

6 Payee address; City; State; Zip Code

*6500 Champion Grandview Way*

*Austin, TX  
78750*

7 Amount (\$)

*450.00*

8 Purpose of payment (See instructions regarding type of information required.)

*consulting*

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*2/23/10*

Payee name

*Lamilla, Patricia*

Payee address; City; State; Zip Code

*6500 Champion Grandview Way*

*Austin, TX  
78750*

Amount (\$)

*135.00*

Purpose of payment (See instructions regarding type of information required.)

*field work*

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*2/24/10*

Payee name

*Zyanya Lopez*

Payee address; City; State; Zip Code

*10603 Ponder Ln.*

*Austin, TX*

*78749*

Amount (\$)

*99.00*

Purpose of payment (See instructions regarding type of information required.)

*field work*

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*2/24/10*

Payee name

*Ignite Consulting*

Payee address; City; State; Zip Code

*4032 S. Lamar, st. 500, Box 146*

*Austin, TX  
78704*

Amount (\$)

*3203.14*

Purpose of payment (See instructions regarding type of information required.)

*consulting*

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 of 9

2 FILER NAME

Raul Alvarez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/10

5 Payee name

Fedex Kinkas

7 Amount (\$)

75.78

6 Payee address; City; State; Zip Code

327 Congress Ave. Austin, TX 78701

8 Purpose of payment (See instructions regarding type of information required.)

office supplies

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

3/1/10

Payee name

HEB

Amount (\$)

50.63

Payee address; City; State; Zip Code

2701 E. 7th St., Austin, TX 78702

Purpose of payment (See instructions regarding type of information required.)

Food for fundraiser

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

3/2/10

Payee name

Joe Stearns

Amount (\$)

180.00

Payee address; City; State; Zip Code

2502 B. Jones Rd. Austin, TX 78745

Purpose of payment (See instructions regarding type of information required.)

Field work

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

3/2/10

Payee name

Office Depot

Amount (\$)

122.28

Payee address; City; State; Zip Code

2101 S. Lamar Austin, TX 78704

Purpose of payment (See instructions regarding type of information required.)

office supplies

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3 of 9**

2 FILER NAME **Raul Alvarez**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/01/10</b>	5 Payee name <b>Candice Ely</b>	7 Amount (\$) <b>144.00</b>
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <b>field work</b> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>3/1/10</b>	Payee name <b>Brandon Turner</b>	Amount (\$) <b>126.00</b>
Payee address; City; State; Zip Code <b>1300 Crossing Place #114, 78741 Austin, TX</b>		

Purpose of payment (See instructions regarding type of information required.) <b>field work</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date <b>3/1/10</b>	Payee name <b>Mysti Easterwood</b>	Amount (\$) <b>96.00</b>
Payee address; City; State; Zip Code <b>4532 B. Duval St., 78751 Austin, TX</b>		

Purpose of payment (See instructions regarding type of information required.) <b>field work</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date <b>3/1/10</b>	Payee name <b>Office Max</b>	Amount (\$) <b>79.53</b>
Payee address; City; State; Zip Code <b>907 W. 5th St. 78703 Austin, TX</b>		

Purpose of payment (See instructions regarding type of information required.) <b>office supplies</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 9

2 FILER NAME Paul Alvarez

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/24/10	5 Payee name Office Max	7 Amount (\$) 64.39
6 Payee address; City; State; Zip Code 907 W. 5th St., Austin, TX 78703		

8 Purpose of payment (See instructions regarding type of information required.)  
Office supplies  
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date 2/26/10	Payee name Billy Stallings	Amount (\$) 424.14
Payee address; City; State; Zip Code 1131 Hollow Creek Dr. #205 Austin, TX 78704		

Purpose of payment (See instructions regarding type of information required.)  
Campaign administration  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date 2/26/10	Payee name Max Campbell	Amount (\$) 144.00
Payee address; City; State; Zip Code 903 Edgcliff Terr. Austin, TX 78704		

Purpose of payment (See instructions regarding type of information required.)  
field work  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date 2/26/10	Payee name Postmaster	Amount (\$) 804.86
Payee address; City; State; Zip Code 510 Guadalupe St., Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.)  
postage  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

5 of 9

2 FILER NAME

Raul Alvarez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/10

5 Payee name

Maggie Travis

6 Payee address; City; State; Zip Code

903 Edgcliff Terr, Austin, TX 78704

7 Amount (\$)

108.00

8 Purpose of payment (See instructions regarding type of information required.)

field work  
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

3/3/10

Payee name

Progressive Capital

Payee address; City; State; Zip Code

611 S. Congress Ave., Austin, TX 78704

Amount (\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

fundraising  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

3/3/10

Payee name

Paddington Media

Payee address; City; State; Zip Code

504 W. 7th St. B, Austin, TX 78701

Amount (\$)

315.49

Purpose of payment (See instructions regarding type of information required.)

phone calls  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

3/3/10

Payee name

Camilla Pilecio

Payee address; City; State; Zip Code

6500 Grand Champion Way Austin, TX 78750

Amount (\$)

270.00

Purpose of payment (See instructions regarding type of information required.)

field work  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 6 of 9	2 FILER NAME Raul Alvarez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/3/10	5 Payee name Zyanya Lopez	
6 Amount (\$) \$99	7 Payee address; City; State; Zip Code 10603 Ponder Ln., Austin, TX 78749	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Field Work/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/3/10	Payee name Hobby Lobby	
Amount (\$) \$61.30	Payee address; City; State; Zip Code 40405 Lamar Blvd., Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other/Office Supplies	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/3/10	Payee name Dave Mead	
Amount (\$) \$500	Payee address; City; State; Zip Code 2506 Briargrove Dr Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other/Photography	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/3/10	Payee name Diane Wiedenkopf	
Amount (\$) \$450	Payee address; City; State; Zip Code 407 E. 7th St, Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other/ Web Design	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>7 of 9</b>		2 FILER NAME: <b>Kaul Alvarez</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <b>3/3/10</b>		5 Payee name: <b>Encino Broadcasting</b>			
6 Amount (\$): <b>\$340</b>		7 Payee address: City: State: Zip Code <b>9434 Parkfield Dr., Austin, TX 78757</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Radio Ads</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: <b>3/3/10</b>		Payee name: <b>Worley Printing</b>			
Amount (\$): <b>\$4616.87</b>		Payee address: City: State: Zip Code <b>3217 N. IH-35 Austin, TX 78722</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: <b>3/3/10</b>		Payee name: <b>Katie Johns</b>			
Amount (\$): <b>\$112.50</b>		Payee address: City: State: Zip Code <b>1300 Garner Ave., Austin, TX 78704</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor / Field</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: <b>3/8/10</b>		Payee name: <b>Grande Communications</b>			
Amount (\$): <b>\$196.73</b>		Payee address: City: State: Zip Code <b>1801 Lavaca St., Austin, TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Office Overhead / Utilities</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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# POLITICAL EXPENDITURES

## SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8 of 9		2 FILER NAME Raul Alvarez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/11/10		5 Payee name Billy Stallings			
6 Amount (\$) \$600		7 Payee address; City; State; Zip Code 1131 Hollow Creek #205 Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor / Campaign Administration		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/10		Payee name Rahman Bhalesha			
Amount (\$) \$106		Payee address; City; State; Zip Code 2819 San Gabriel St., Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor / Field		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/10		Payee name J. Mancillas			
Amount (\$) \$1250		Payee address; City; State; Zip Code 6500 Champion Grandview Way Austin, TX 78750			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/10		Payee name City of Austin Utilities			
Amount (\$) \$149.83		Payee address; City; State; Zip Code P.O. Box 2267, Austin, TX 78783			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead / Utilities		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES

## SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F. 9 of 9	2 FILER NAME Raul Alvarez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/11/10	5 Payee name T-Mobile
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6 Amount (\$) \$113.60	7 Payee address; City; State; Zip Code 2795 E. 7th St., Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office overhead / phone	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/11/10	Payee name Paddington Media
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Amount (\$) \$256.41	Payee address; City; State; Zip Code 504 W. 7th St., Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Automated Calls
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/11/10	Payee name Pirya
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Amount (\$) \$42.25	Payee address; City; State; Zip Code 40 W. 15th St. #520, Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) On-Line <del>Donation</del> Contributions
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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R. Alvarez

2601 Zaragosa St.  
Austin, TX 78702

Dana DeBeauvoir  
Travis County Clerk  
Elections Division  
P.O. Box 149325  
Austin, TX 78714-9325

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2010 JUL 15 AM 8:49  
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COUNTY CLERK  
TRAVIS COUNTY, TEXAS

